

**FINANCIAL AFFIDAVIT**

IN SUPPORT OF REQUEST FOR ATTORNEY'S FEES OR OTHER COURT SECURITY FEE WITHOUT PAYMENT OF FEES

IN UNITED STATES

 MAGISTRATE     DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE

115 v.s. Padilla

FOR

AT

MassachusettsLOCATION NUMBER  
    

PERSON REPRESENTED (Show your full name)

GILMORI PADILLA

CHARGE/OFFENSE (describe if applicable &amp; check box →)

 Felony Misdemeanor

- Defendant—Adult
- Defendant - Juvenile
- Appellant
- Probation Violator
- Parole Violator
- Habeas Petitioner
- 2355 Petitioner
- Material Witness
- Other

DOCKET NUMBERS
Magistrate
<u>04-1751</u>
District Court

Court of Appeals

**ANSWERS TO QUESTIONS REGARDING FINANCIAL STATUS**

EMPLOY- MENT	Are you now <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed
	Name and address of employer: <u>Chelmsford Dental Assoc.</u>
IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment _____
	How much did you earn per month? \$ _____
OTHER INCOME	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, how much does your Spouse earn per month? \$ _____
If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____	
ASSETS	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No
	RECEIVED _____ SOURCES _____
CASH	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____
	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <u>1300\$</u> <u>1000\$</u> <u>BANK ACCOUNT</u> <u>57 EXPEDITION AUTO</u>
DEPENDENTS	MARITAL STATUS _____
	SINGLE MARRIED WIDOWED SEPARATED OR DIVORCED
OBLIGATIONS & DEBTS	Total No. of Dependents _____
	APARTMENT OR HOME: <u>LOAN (Co SIGN)</u>
DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, (etc.)	Creditors <u>LOAN (Co SIGN)</u> Total Debt \$ <u>3000</u> Monthly Paymt. \$ <u>    </u>
	Credit Cards <u>5</u> Rent <u>400</u> Total Debt \$ <u>1500</u> Monthly Paymt. \$ <u>400</u>

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)Hilmae Padilla